PTO/SB/17 (06-07)

<u>\$</u>	on and Deducation Act of		U.S.	Patent and Trade	roved for use throug mark Office; U.S. Di	h 06/30/2007. (EPARTMENT O	F COMMERCE		
Effective on 12/08/2004.				respond to a collection of information unless it displays a valid OMB control number Complete if Known					
Fees pursuant to th). Application	Application Number 10/735,461-0							
FEE TRANSMITTAL			Filing Date			December 11, 2003			
FOR FY 2007				First Named Inventor		Michael P. CZECH			
		Examiner Name R. A. Schnize							
X Applicant	Art Unit	Art Unit		1635					
TOTAL AMOUN	Attorney Do	Attorney Docket No. UMY-055RCE							
METHOD OF	PAYMENT (check	all that apply)							
Check	Credit Card	Money Order	None C	Other (please ide	ntify):				
x Deposit Account Deposit Account Number, 12-0080 Deposit Account Name: Lahive & Cockfield, LLP									
For the a	bove-identified dep	osit account, the Directo	r is hereby autl	horized to: (ch	eck all that apply	<i>'</i>)			
X Ch	arge fee(s) indicate	d below		Charge fee(s) in	ndicated below,	except for th	e filing fee		
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCUL	` /					 			
		XAMINATION FEES							
	F	LING FEES S	SEARCH FEE		INATION FEE				
Application Ty	pe Fee (S	Small Entity Fee (\$) Fee	Small E		Small Entity Fee (\$)		aid (\$)		
Utility	300		00 250		100	1,555,			
Design	200		00 50		65				
Plant	200		00 150		80	- ,			
Reissue	300	• • • • • • • • • • • • • • • • • • • •	00 250		300				
Provisional	200	100	0 0		0				
2. EXCESS CLA		100			· ·		Small Entity		
Fee Description		znec)				Fee (\$) 50	Fee (\$) 25		
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						200	100		
Multiple depend		denig Itelesanos)				360	180		
Total Claims	Extra Claims	Fee (\$) Fe	e Paid (\$)		Multiple Depend	lent Claims			
		25.00			Fee Paid (\$	1			
	er of total claims paid fo	r, if greater than 20.					<u></u>		
Indep. Claims	Extra Claims	Fee (\$) Fe	e Paid (\$)						
	·	× 100.00 =	100.00						
HP = highest numb	er of independent claim	s paid for, if greater than 3.							
listings unde	ion and drawings e r 37 CFR 1.52(e)),	xceed 100 sheets of pap the application size fee 35 U.S.C. 41(a)(1)(G) a	due is \$250 (\$	125 for small)		
Total Sheets			h additional 60 d	• •	eof Fee (\$)	Fee F	Paid (\$)		
		/50 =				=			
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 395.00									
SUBMITTED BY									
Signature			Registration N (Attorney/Agen) Telephone	(617) 227	7-7400		

SUBMITTED BY	/ /				
Signature		Registration No. (Attorney/Agent)	56,130	Telephone	(617) 227-7400
Name (Print/Type) Jame	s H./ Velema			Date	August 22, 2007
	1/				



Docket No.: UMY-055RCE

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Michael P. Czech et al.

Application No.: 10/735,461

Confirmation No.: 3119

Filed: December 11, 2003

Art Unit: 1635

For: METHOD OF INTRODUCING siRNA INTO

ADIPOCYTES

Examiner: R. A. Schnizer

REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER

MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

The Attorney Docket Number of the above-identified patent application has changed. Please take notice that the Attorney Docket Number for this application should now be as follows:

UMY-055RCE

Please reference UMY-055RCE on all future correspondence.

Dated: August 22, 2007

Respectfully submitted,

James H. Velema

Registration No.: 56,130

LAHIVE & COCKFIELD, LLP

One Post Office Square

Boston, Massachusetts 02109-2127

(617) 227-7400

(617) 742-4214 (Fax)

Attorney/Agent For Applicant